

Service Agreement Form

CLIENT INFORMATION: Contact Date: _____ Referral Date: _____

Client's First Name: _____ Last Name: _____

Full Address: _____

Date of Birth: _____ SS#: _____

Phone: _____ Alternate Phone: _____

Hourly Rate: _____ Daily Rate: _____ Live In Rate: _____

Holiday Rates and Special Rates may apply – see Standard Terms of Service

Method of Payment

Credit Card (complete form)

Policy Name: _____

ACH/EFT (complete form)

Policy #: _____

Long - Term Care Insurance

FINANCIAL RESPONSIBLE PARTY (If other the Client)

First Name: _____ Last Name: _____

Full Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

CONTACT INFORMATION

Client's First Name: _____ Last Name: _____

Full Address: _____

Date of Birth: _____ Email: _____

Phone: _____ Alternate Phone: _____

Do you have a Power of Attorney for Client? Yes / No

(This is a **SAMPLE Non-Medical Home Care Agency Service Agreement Form is 9 Pages**)

Get More Information:

For additional information on getting licensed as a residential care home, group home or non-medical home care provider in your state contact the office of Care Enterprise, LLC.

Call: 770-575-4149

Email: contact@careenterprisellc.com, or Website: www.careenterprisellc.com